

City of Greensboro: Development Services Residential Building Permit Application

PROJECT ADDRESS:

Heated Area: 1st Floor: ______ Sq. Ft Unheated Area: Garage: _____ Sq. Ft.

Sa. Ft.

Description of Work:

2nd Floor

Property Use:

Building Constr:

Is the Residence:

Number of Rooms:

| | 300 W. Washington St. Greensboro, NC 27405 (336) 373-2155 Fax (336) 33 | | Date: | |
|----------------------|--|------------------------------|----------------------------|--|
| OJECT ADDR | EESS: | | | |
| ner: | | Telephone: | | |
| lress: | | City/State | Zip | |
| ntact Person: | | Phone: | Fax | |
| Contact 1 | Person will receive all the c | orrespondence, notices and q | questions from Plan Review | |
| Contractor Na | me: | Tel No | Fax | |
| Address: | | City/St | Zip | |
| CONTRACTO | OR CODE #:St | ate License #: | Classification: | |
| Design Professional: | | PE Arch Reg No. | | |
| scription of W | ork: | | | |
| perty Use: | Single Family | Two Family | Townhouse | |
| ilding Constr: | Brick Veneer | Frame/Siding | Other | |
| he Residence: | New | Existing/Renovation | Addition | |

Sa. Ft.

| | 1 | | | |
|---|--------------------|---|-------------|--|
| 3 rd Floor | Sq. Ft. | Deck/Porch: | Sq. Ft. | |
| Total Heated Area: | Sq. Ft. | Total Unheated Area: | Sq. Ft. | |
| Total Heat | ed Plus Unheated: | Sq. Ft. | | |
| tilities: Type of Heat: Gas Water Public Sewer Public | ☐ Private (for Pri | Other vate, Health Dept. Permit No vate, Health Dept. Permit No | | |
| Electrical Plumbing | | Sub-Contractor Names: | | |
| General _ | | _ | | |

Number of Bedrooms Number of Bathrooms:

Basement:

Owner/Agent Signature